LAFAYETTE MANOR			
719 EAST CATHERINE, BOX 167			
DARLINGTON 53530 Phone: (608) 776-4472		Ownership:	County
Operated from $1/1$ To $12/31$ Days of Operation:	365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	Yes	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/03):	97	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/03):	97	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/03:	91	Average Daily Census:	89
**********	*****	*********	*********

Services Provided to Non-Residents		Age, Gender, and Primary Di	Length of Stay (12/31/03)				
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis	용	Age Groups	용	Less Than 1 Year 1 - 4 Years	17.6 44.0
Supp. Home Care-Household Services	No	Developmental Disabilities	2.2	Under 65	6.6		24.2
Day Services	Yes	Mental Illness (Org./Psy)	30.8	65 - 74	17.6	I	
Respite Care	Yes	Mental Illness (Other)	8.8	75 - 84	26.4	I	85.7
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0.0	85 - 94	41.8	********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	7.7	Full-Time Equivalent	
Congregate Meals	Yes	Cancer	2.2			Nursing Staff per 100 Res	idents
Home Delivered Meals	Yes	Fractures	5.5		100.0	(12/31/03)	
Other Meals	Yes	Cardiovascular	23.1	65 & Over	93.4		
Transportation	No	Cerebrovascular	9.9			RNs	15.3
Referral Service	No	Diabetes	6.6	Gender	용	LPNs	5.1
Other Services	No	Respiratory	1.1			Nursing Assistants,	
Provide Day Programming for	- 1	Other Medical Conditions	9.9	Male	28.6	Aides, & Orderlies	42.4
Mentally Ill	No			Female	71.4	I	
Provide Day Programming for	1		100.0			I	
Developmentally Disabled	Yes				100.0	I	

Method of Reimbursement

		Medicare			edicaid itle 19			Other		:	Private Pay			amily Care			anaged Care			
Level of Care	No.	90	Per Diem (\$)	No.	οlo	Per Diem (\$)	No.	્ર	Per Diem (\$)	No.	90	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	4	100.0	312	57	93.4	110	0	0.0	0	24	92.3	138	0	0.0	0	0	0.0	0	85	93.4
Intermediate				2	3.3	91	0	0.0	0	2	7.7	123	0	0.0	0	0	0.0	0	4	4.4
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				2	3.3	154	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	2.2
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	4	100.0		61	100.0		0	0.0		26	100.0		0	0.0		0	0.0		91	100.0

Admissions, Discharges, and		Percent Distribution	of Residents'	Condit	ions, Services,	and Activities as of 12/	31/03
Deaths During Reporting Period							
					% Needing		Total
Percent Admissions from:		Activities of	8		sistance of	-	Number of
Private Home/No Home Health			-	One	or Two Staff	- <u>-</u>	Residents
Private Home/With Home Health	3.3	Bathing	0.0		81.3	18.7	91
	1.1		16.5		71.4	12.1	91
Acute Care Hospitals	84.8	Transferring	29.7		61.5	8.8	91
Psych. HospMR/DD Facilities	0.0	Toilet Use	22.0		70.3	7.7	91
Rehabilitation Hospitals	0.0		73.6		15.4	11.0	91
Other Locations	2.2	******	*****	*****	*****	******	*****
otal Number of Admissions	92	Continence		용	Special Treat:	ments	용
ercent Discharges To:		Indwelling Or Extern	al Catheter	3.3	Receiving R	espiratory Care	8.8
Private Home/No Home Health	31.5	Occ/Freq. Incontinen	t of Bladder	68.1	Receiving T	racheostomy Care	0.0
Private Home/With Home Health	7.9	Occ/Freq. Incontinen	t of Bowel	51.6	Receiving S	uctioning -	0.0
Other Nursing Homes	2.2				Receiving O	stomy Care	2.2
Acute Care Hospitals	9.0	Mobility			Receiving T	ube Feeding	1.1
Psych. HospMR/DD Facilities	0.0	Physically Restraine	d	3.3	Receiving M	echanically Altered Diets	28.6
Rehabilitation Hospitals	0.0				_	<u>-</u>	
Other Locations	4.5	Skin Care			Other Residen	t Characteristics	
Deaths	44.9	With Pressure Sores		3.3	Have Advanc	e Directives	72.5
otal Number of Discharges	i	With Rashes		13.2	Medications		
(Including Deaths)	89				Receiving P	sychoactive Drugs	62.6

Selected Statistics: This Hospital-Based Facility Compared to Similar Facilities & Compared to All Facilities

	This	Other	Other Hospital-		All
	Facility	Based F	acilities	Fac	ilties
	8	8	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	90.9	90.1	1.01	87.4	1.04
Current Residents from In-County	85.7	83.8	1.02	76.7	1.12
Admissions from In-County, Still Residing	28.3	14.2	2.00	19.6	1.44
Admissions/Average Daily Census	103.4	229.5	0.45	141.3	0.73
Discharges/Average Daily Census	100.0	229.2	0.44	142.5	0.70
Discharges To Private Residence/Average Daily Census	39.3	124.8	0.32	61.6	0.64
Residents Receiving Skilled Care	93.4	92.5	1.01	88.1	1.06
Residents Aged 65 and Older	93.4	91.8	1.02	87.8	1.06
Title 19 (Medicaid) Funded Residents	67.0	64.4	1.04	65.9	1.02
Private Pay Funded Residents	28.6	22.4	1.27	21.0	1.36
Developmentally Disabled Residents	2.2	1.2	1.85	6.5	0.34
Mentally Ill Residents	39.6	32.9	1.20	33.6	1.18
General Medical Service Residents	9.9	22.9	0.43	20.6	0.48
Impaired ADL (Mean) *	41.8	48.6	0.86	49.4	0.84
Psychological Problems	62.6	55.4	1.13	57.4	1.09
Nursing Care Required (Mean) *	7.1	7.0	1.02	7.3	0.97